

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

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Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type or Print Clearly)

PARTI LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tanimoto, Dennis K			808.941.0556
MAILING ADDRESS (Street)			FAX 808.945.0019
1654 S King Street			EMAIL dtanimoto@hcul.org
(City)	(State)		(Zip Code)
Honolulu, HI 96826			
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business	s entity which has been retained to lobby)	TELEPHONE
		* ×	
MAILING ADDRESS (Street)			FAX
i i			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FO	TELEPHONE	
Hawaii Credit Union League	808.941.0556	
MAILING ADDRESS (Street)		FAX 808.945.0019
1654 S. King Street		EMAIL info@hcul.org
(City)	(State)	(Zip Code)
Honolulu, HI 96826		
NAME OF PERSON RESPONSIBLE FOR PREPA	TELEPHONE	
Paula Sumimoto-Matsushima	808.941.0556	
MAILING ADDRESS (Street)		FAX 808.945.0019
1654 S. King Street		EMAIL psumimoto@hcul.org
(City)	(State)	(Zip Code)
Honolulu, HI 96826		

PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE	BY		
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs		☐ Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	✓ Housing	☐ Public Safety & Corrections	Financial Institutions		
PART IV CERTIFICATIO	N OF LOBBYIST				
/hereby certify that the	e information furnished abov	ve is, to the best of my knowle	dge, correct and complete.		
1					
December 10:					
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATION TO LOBBY					
PART V AUTHORIZATION	ON TO LOBBY				
PART V AUTHORIZATION	ON TO LOBBY	TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED		
	ON TO LOBBY	TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED		
NAME			ER OR PERSON REPRESENTED TELEPHONE		
NAME Dennis Tanimoto	pplicable)	President			
NAME Dennis Tanimoto NAME OF ORGANIZATION (if a	pplicable)	President	TELEPHONE		
NAME Dennis Tanimoto NAME OF ORGANIZATION (if a Hawaii Credit Union Lea	pplicable)	President	TELEPHONE 808.941.0556		
NAME Dennis Tanimoto NAME OF ORGANIZATION (if a Hawaii Credit Union Lea MAILING ADDRESS (Street)	pplicable)	President	TELEPHONE 808.941.0556 FAX 808.945.0019 EMAIL		
NAME Dennis Tanimoto NAME OF ORGANIZATION (if a Hawaii Credit Union Lea MAILING ADDRESS (Street) 1654 S King Street	pplicable) ague	President	TELEPHONE 808.941.0556 FAX 808.945.0019 EMAIL dtanimoto@hcul.org		

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(Date)

(Signature of Authorizing Officer or Person Represented)